

Massachusetts Department of Environmental Protection - Drinking Water Program SWTR- LT2 Round 2 Results Form for Schedule 2 Systems Only

SWTR-LT2 F

Instructions: Fill out Sections I through III. In Section II, if a field does not apply, leave it blank. Attach laboratory forms. Send results to your regional MassDEP office attention DWP/LT2ESWTR, no later than 10 days after the end of the first month following the month when the sample is collected. For an Excel version of this form, visit: http://www.mass.gov/eea/agencies/massdep/water/approvals/lt2-swtrs.html.

I. PWS INFOR	MATION														
PWS Name:					City/Town:						PWS ID:				
PWS Address:											Schedule: 2				
Facility ID:									Date Submitted://						
METHODS:	Cry	ptosporidium	(e.g., EPA 1623.	1)											
		Turbidity													
			:						_						
II. SAMPLE R	ESULT INF	ORMATION												T.	
Cryptosporidium													Turbidity	E. coli	
Location (PWS Sample ID)	Source Type: Flowing stream (FS), Lake- Reservoir (LR), GWUDI, etc.)	Sample Type (Field Sample (FS) or Matrix Spike (MS)	Sample Date (mm/dd/yyyy)	Filter Type	Volume Filtered (L)	# Filters Used	# Sub- samples Examined	# Crypto. Observed	Total Sample Vol. Examined (L)	Crypto. Oocysts per Liter	Testing Lab	Lab Sample ID	Turbidity	<i>E. coli</i> per 100 ml	
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III. CERTIFICATION	
I certify under penalty of law that I am the permy knowledge and belief.	rson authorized to fill out this form, and the information contained herein is true, accurate and complete to the best o
Print Name:	_ Title:
Signature:	Date:
Phone #: ()	Email:
IV. FOR MassDEP/DWP USE ONLY	
Received by MassDEP on:	
Check one (✓)	Entered in WQTS: □ Yes □ No
Accepted:	Other Database:
Comments:	